



FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
NATIONAL TRAINING CENTER



## STUDENT REGISTRATION FORM

Please complete this form electronically, print it, sign it, and bring it with you on the first day of class. *ALL fields on this form are required.*

COURSE INFORMATION	
Course Name:	
Course Location: (City & State)	
Course Start Date:	
STUDENT INFORMATION	
Student Name: (As it should appear on your certificate)	
Position Title:	
Organization Name:	
ORI Code:	
Work Address:	
Work Telephone Number:	
Work Email Address:	
Does your position receive Federal funding for commercial motor vehicle enforcement? (Motor Carrier Safety Assistance Program [MCSAP] grant)	
SUPERVISOR INFORMATION	
Supervisor Name:	
Supervisor Telephone Number:	
Supervisor Email Address:	

*By signing this form, I hereby authorize NTC to release the numeric score I earned in this course to my current employer.*

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Signature

Date (MM/DD/YYYY)

**NOTE:** If you choose not to sign the release, NTC will only provide your current employer with your completion status (i.e., “pass” or “fail”).

Revised: 05/27/2014